*	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 2 2	2 3 4 2
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	Zu. FICOK
may be , page 3	(1177)	May	y ann	adams	8 7	81 1145 AM
	3. SE	X	4. BACE	S. DATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR FUNDER 24 HRS
nis of		temale	White	2 12 88	42 YRS.	
	7a. 8	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
1		ITY OR TOWN OF DEATH	1) NAME OF HOSPITAL NURS	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	MD.
1201 Sours of the filed to the	6	Mithwood	(IF NOT IN SUCH FACILITY, GIVE STREET	TADDRESSI NEQ. Hone	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
AND 212 AND 212 filled in nauld be	13a.	rauland Warce	OTHER INSTITUTION, GIVE RESIDENCE BEFO JTY 136. CITY OR TOVE exten Cindleti	VN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS Bay Road	4
MARYLAND 2120 ed within 24 haurs umpletely filled in by and 2 should be fill examinet miss be no	14 F/	ATHER'S NAME FIRST Joe Gray	MIDDLE LAST	15 MOTHER'S MAIDEN NA Marion	Barnes MIDDLE	LAST
BALTIMORE, cate be executivated by siction and carpets. Pages, vol. 11, the medical, 11, the medical.	160	NAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS ADDRESS	o md.
sicion pers. P	H	18 CAUSE OF DEATH (Enter DD	ly one couse per line for (a), (b), o	ndici i	SITH CHARGE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., BA	-37	PART I. DEATH WAS CAUSE	D BY:		LE CESSATION	IMMEDIATE
61 01 0		4292	DUE TO, OR AS A CONSEQU			
PRESTON ne death ce semave carle motion, ar rifroumatic	7	Conditions, if ony, which	(lb)			
Server of the other		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF		
y. y	_	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
2 9 c € € 5	ě	LVANITION,		BROVASCULAR INSU	FFICIENCY	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFY! YES NOW YES	WERE FINDINGS USED ING CAUSES OF DEATH?
> 2 5 5 5 5 8 6	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T L OR PART 2]
SICIA ng pl certif certif inial-t	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	THE PART OF A	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISI ING PI After the tos the lith and narked		AT WORK AT WORK		The soul of	2 -2	
TENDIN ITENDIN Order or TOR: After use os of Health		sow the deceased alive on	offended the deceased from	and that in (my) (and opinion	death occurred on the date and hour	nnd from the couses stated
OR ATTI he hospith the hospith DIRECTO rached far is bept. of		obove, (I) (we) (did) (did.oo 22b. SIGNATUBE	t) view the body ofter death.	DEGREE		221. DATE SIGNED
Al Of the Al Dil te De T. # #		Sorthy	C. Hohwark	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8-7-81
HOSPITA		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS		
TO HOSPITAL (retoined by the TO FUNERAL IS should be detented by with the Store IMPORTANT: #			C. HOLZWORTH	309 /Immi		Ins, Mo. 21863
	230.	BURIAL, CREMATION, REMOVAL	23b DATE 23c. 8-9-8/	NAME OF CEMETERY OR CREMATORY PRINCIPLE (enetery	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OUNTY STATE
BP		UNERAL DIRECTOR		[25g. DA1	yerdletree, Man	AR'S SIGNATURE
JOHMH-16 50M 7/77 (VR A 15 (4))	Sa	Lyer Funeral Ho	me, Chinco teagu	e, Virginia 1111	£1 1 1001 3 1	5 - 20
	_				of the street	

the same wife of the property of the same temperate on the section of the sect

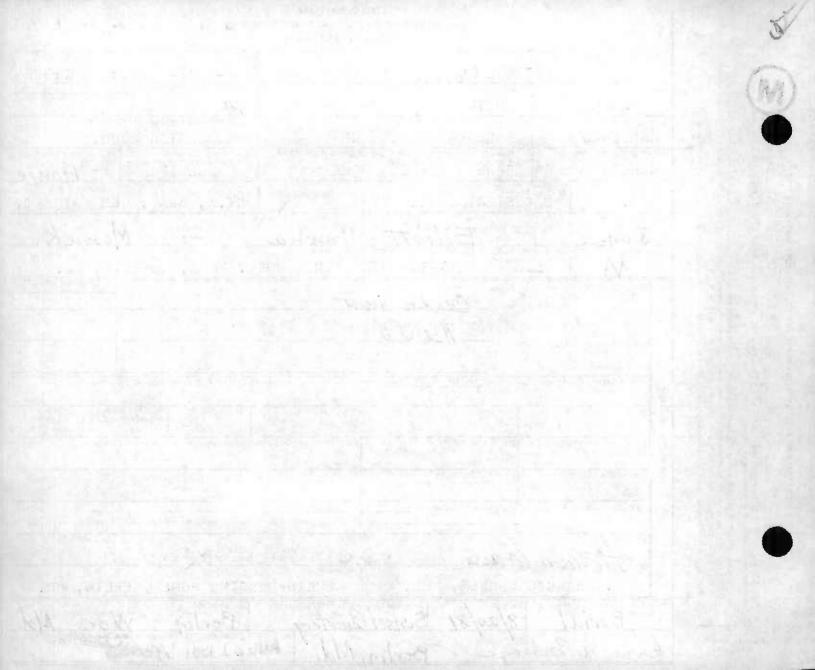
2	00	,	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 2 3 4 3
1	10		- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
	1 74	1 DE	CEASED NAME FIRST	MODIE LAST 26. DATE OF DIATH MONTH DAY YEAR 26. HOUR 27. DATE OF DIATH MONTH DAY YEAR 26. HOUR
	1	3. SE	Georg	RACE, S. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) A FUNDER 1 YEAR OF UNDER 24 HRS
	(IMI)		Male	NOTES DAYS HOURS MIN
	2 49	7a. B	IRTHPLACE (STATE OR FOREIGN 7	TO CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF PEATH
	deoth.		Va.	U.S.H. WIDOWED DIVORCED WOrcester MD.
	by the furthiled within	100	Y OR TOWN OF DEATH	12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IFNO IN SUCH FACILITY, GIVE STREET ADDRESS) 126. KIND OF BUSINESS OR (TYPEIOF WORK FOR MOST OF WORKING LIFE) INDUSTRY
120	ours be fill	USU	AL RESIDENCE (IF NURSING HOME OR C	THE ME SIDENCE BEFORE ADMISSION)
AND	fille mould	130	STATE Md. WOR	CESTEN POCOMORE 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS 121 Bomeville Ave.
IRYL)	within pletely nd 2 sh	14. FA	ATHER'S NAME	15. MOTHER'S MAIDEN NAME () MIDDLE (LAST /
E, MA	e de cree) 16a N	JOhn. NAS DECEASED EVER IN U.S. ARM	t. Brown Elizabeth Croswell
BALTIMORE, MARYLAND 21201	x 00 0	{	YES NO OR UNKNOWN) (IF YES, GIVE V	MARORDATES 121-9022 ELL K
SALTI	d ders		18 CAUSE OF DEATH (Enter only	one couse per lige for (a), (b), and (c): Approximate interval attween oneset and death
			PART I. DEATH WAS CAUSED	BY. A see of season of a fine of the first o
NO	ending corbor n, or rer motic ev		1850	DUE TO, OR AS A CONSEQUENCE OF Expirating failing
S	0 0 0			
2	he deot		Conditions, if any, which gove rise to immediate) (b)
W. PRE	y the cent			DUE TO, OR AS A CONSEQUENCE OF
S, 201 W. PRESTON ST.,	gned by the n please rei buriol, crem ry, ar other	7	gove rise to immediate couse (a), stoting the underlying cause lost.	
	equires that the signed by the Then please re- ro buriol, creminjury, ar other	ATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) SCLENATE: Heart New Part 1
	to low requires that the norm of the permit. Then please re ne prior to buriol, creatives ony injury, or other	rification	gove rise to immediate couse (a), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (c) DIDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ACCURATE HOLD TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 106 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	to low requires that the norm of the permit. Then please re ne prior to buriol, creatives ony injury, or other	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. PART 2. OTHER SIGNIFICANT CO. 21g. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PORT OF INDICATOR WHICH OPERATION WAS PERFORMED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES NO YES NO
	(IAN: The low requires that the physicion. rificote has been signed by the I-tronsit permit. Then please recoil Hygiene prior to buriol, cremm 18 shows any injury, ar other		gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT COLORS (CAUSE) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSEQUENCE OF ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 CONDITION FOR WHICH OPERATION FOR WHICH OPERATION FOR WHICH OPERATION FOR WHICH OPERATION FO
	HYSICIAN. The low requires that the daing physicion. Is certificate has been signed by the buriol-transit permit. Then please re i Mental Hygiene prior to buriol, crem or item 18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 CONDITION FOR WHICH OPERATION
DIVISION OF VITAL RECORDS, 201 W. PRE	DING PHYSICIAN: The low requires that the or ottending physician. After this certificate has been signed by the e as the buriol-transit permit. Then please register and Mental Hygiene prior to buriol, cremmarked or them 18 shows any injury, ar other		gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT COUNTY OF THE COUN	DUE TO, OR AS A CONSEQUENCE OF (c) DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 100 CERTIFYING CAUSES OF DEATH? YES NO NO NOTH PART 1 OR PART 2) 110 TIME OF INJURY H HOUR A.M. MONTH DAY YEAR P.M. 19 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217 LOCATION STREET CITY OR TOWN COUNTY STATE
	ATENDING PHYSICIAN: The low requires that the palal or ottending physicion. TOR. After this certificate has been signed by the for use as the buriol-transit permit. Then please re of Health and Mental Hygiene prior to buriol, crem 21 is marked at Item 18 shows any injury, or other		gove rise to immediate cause all stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 18 ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hospital)	DUE TO, OR AS A CONSEQUENCE OF ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN THE TERMINAL DISEASE OR CONDIT
	OR ATTENDING PHYSICIAN. The low requires that the hospital or ottending physician. DIRECTOR. After this certificate has been signed by this order for use as the burial-transit permit. Then please reduce to if fleelth and Mental Hygiene prior to burial, creatified is marked at them 18 shows any injury, at other if them 21 is marked at them.		gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT COUNTY OF THE COUN	DUE TO, OR AS A CONSEQUENCE OF ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 280 AUTOPSY? YES NOT YES NOT
	ital OR ATTENDING PHYSICIAN: The low requires that the by the hospital or ottending physician. Rat DIRECTOR: After this certificate has been signed by the efetoched for use as the buriol-transit permit. Then please restate Dept. of Health and Mental Hygiene prior to buriol, creative Dept. of Health and Mental Hygiene prior to buriol, creative Dept. of the morked at them 18 shows any injury, at other NAT: if them 21 is marked at them 18 shows any injury, at other		gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH FETTHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (b) (this hospital sow the deceased alive and obove, (l) (we) (did) (did nat) 22b. SIGNATURE	DUE TO, OR AS A CONSEQUENCE OF ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ONDITIONS CONTRIBUTING CAUSES OF DEATH? YES NOT YES NOT NOT THE NOTION OF INJURY IN ITEM 18, PART 1 OR PART 2) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED IN PART 1 (a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) YES NOT THE NOTION OF INJURY IN ITEM 18, PART 1 OR PART 2) ONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN G
	ital OR ATTENDING PHYSICIAN: The low requires that the by the hospital or ottending physician. Rat DIRECTOR: After this certificate has been signed by the efetoched for use as the buriol-transit permit. Then please restate Dept. of Health and Mental Hygiene prior to buriol, creative Dept. of Health and Mental Hygiene prior to buriol, creative Dept. of the morked at them 18 shows any injury, at other NAT: if them 21 is marked at them 18 shows any injury, at other		gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT COLOR COLOR COLOR COLOR COLOR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	OR ATENDING PHYSICIAN: The low requires that the hospital or ottending physician. DIRECTOR: After this certificate has been signed by the oched for use as the buriol-transit permit. Then please recepts of Health and Mental Hygiane prior to buriol, cremit them 21 is marked at Item 18 shows any injury, at other	MEDICAL	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT COLOR COLOR COLOR COLOR COLOR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF	DUE TO, OR AS A CONSEQUENCE OF (c) DIDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
	ital OR ATTENDING PHYSICIAN: The low requires that the by the hospital or ottending physician. Rat DIRECTOR: After this certificate has been signed by the efetoched for use as the buriol-transit permit. Then please restate Dept. of Health and Mental Hygiene prior to buriol, creative Dept. of Health and Mental Hygiene prior to buriol, creative Dept. of the morked at them 18 shows any injury, at other NAT: if them 21 is marked at them 18 shows any injury, at other	WEDICAL MEDICAL	gove rise to immediate couse all statistics and statistics and statistics are couse all statistics and statistics are couse and statistics are considered as a statistic and statistics are considered as	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS,	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retoined by the hospital or otherading physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to buriol, creating MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other	WEDICAL MEDICAL	gove rise to immediate couse all stating the underlying cause lost. PART 2. OTHER SIGNIFICANT COURSE. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hospital sow the deceased alive an obove, (I) (we) (did) (did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TIPE OR F	DUE TO, OR AS A CONSEQUENCE OF (c) DIDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 100 LIFYES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT Y

George F. Brawn Aug 20 1981 1004 Male Marin Mucisyana 88 View days Transaction at the mental hard and the Lottoreer DA Alivamos III x samps blandel by John His Sman i Elizabeth Cosmil No 1 -- 123 31 943/EH2/Basson of 1 Epococylle Ale The commence of the contract o 18/18/18 THE STATE OF THE STATE Dinord to FERRIFICATE Homosouth 23 MT Couried to the Control Age of the Age of the Control of the Contro

12	1 3		STA	TE OF MARYLAND	m = m	2 7 1 1
	11-	FOR STATE		HEALTH AND MENTAL HY		2099
		REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATE OF	DEATH REG. NO.	
	1. D	CEASED NAME FIRST	WIDDIE	LAST		ONTH DAY YEAR 76 HOUR
20/mp*ani-12 =-7	1 (1)	PE OR PRINT)	MARIE Sodie	IA CIBTINGO	OF ESTI-	8-17-81
2022	3. SE	X J4. RACE	5 DATE OF BIRTH 6. AGE (IN YE.	ASTINGS ARS IF UNDER 1 YR. IF UNDER 24		17 10-20
4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4			MONTH DAY YEAR LAST BIRTHD	AY) MONTHS DAYS HOURS M	IN PRONOUNCED	0 7 5 07
43000		112200	Hug 27 1900 80 4	RS.	DEAD	8-17-81, a _m
2000年2001	70, E	OREIGN COUNTRY)	76. CITLEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	
ASS. ST.	3	Md.	U.S.H.	WIDOWED DIVORCED	Worcester	County
2 P 2 P 2 P 2	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION 12	O. USUAL OCCUPATION (TYPE OF W	HORE TITE KIND OF BUSINESS
NOT THE PARTY OF		Berlin	Box 776 West stree	t/Berlin,Md.	FOR MOST OF WORKING LIFE)	ORINDUSTRY
DE PER POS	USU	AL RESIDENCE (IF IN NURSING HOME	DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSA	ON)	ratical IVUrse	Tome
SCHOOL NA	130. 3	STATE MAN 13h COUN	13c. CITY OR TOWN	13d INSIDE CITY LIMITS? 13	SIREET ADDRESS	el Nursing
SS A S S S S S S S S S S S S S S S S S	4	1.1C4 NAVA	cesler Berlin	YES NO 🗆	120×176 West	ST,
# E-808721	211.	ATHER'S NAME	MIDDLE LAST ,	15. MOTHER'S MAIDEN	NAME	LAST
AN PER PER	4V	1111am -	- Clauville	EPFIE		Dennis
MAC OR STAND	160	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY	NO. IT INFORMANT	ADDRESS	114
IRS AFTER B. GIVE PA WITH FOR T. PAGES I DIVISION	1	1/1	218-20-4	174 Margaret 4	Windley Will.	IT BINT
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-	18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (c).)	1 / 1 la igave i Tu	Anisiey winches	ler tarm Lerlin
# 000 W		PART I DEATH WAS CAUSE	OBY: Chronic obstr	uctive pulmonary	diana	BETWEEN ONSET AND DEATH
NAL SERVICE	1	11 CA MANEDIA	E 3/100E (0)		uisease	
MA TANA		7.160	DUE TO, OR AS A CONSEQUENCE	OF .		
第一直可能多类器	-	Canditians, if any, which gove rise to immediate	(b)			
SE TENER		couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE C	OF .		
N SEE SE		lying couse lost.	(c)			
A A TIME		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	MAI DISEASE OR COMPLETION CIVEN IN DARK 1	1-1	
L RECORDS, 201 W. PRESTO JUD BE EXECUTED WITHIN 22 "PENDING" IN PENCIL IN IT F MEDICAL EXAMINER ALIC ED AS A BURIAL-TRANSITE HEALTH AND MENTAL HYG LL CREMATION, OR REWOW	Z		The state of the s	ANT OUTSIT OF CONDITION DIREM IN LAKE I	(0).	
TAL RECO	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATIONI WAS DEDECORMED?		
SHOULD SH	5	THE STATE OF STERMINGS	170 CONDITION FOR WHICH OPER.	ATION WAS PERFORMED?		20 AUTOPSY?
SUR CASE	H E					YES XX NO
DIVISION OF VITAL RECORDS, 201 W S CERTIFICATE SHOULD BE EXECUTED W RITING THE WORD "ENDING" IN PER RDED TO THE CHIEF MEDICAL EXAMI RE 3 SHOULD BE USED AS A BURIAL- IT E DEPARTMENT OF HEALTH AND MENI OI PRIOR TO BURIAL, CREMATION, OF		21a EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
AISION ERTIFIC THED TO 3 SHOU PEPARTA PRIOR 1	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M. 19			
CERTIFI CERTIFI TING TO DED TO DEPAR PRIOS	0	214 INJURY OCCURRED	210 PLACE OF INJURY (AT HOME.	21f. LOCATION		
DIVIS DIVIS HIS CER WRITIN ARDED AGE 3 S ATE DEP	E	WHILE NOT WHILE DAT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
DIV E, WRITI RWARDE PAGE 3 STATE D		AT WORK AT WORK				
NO SE		22a I certify that I took charg	e of the remains described above, held an	Autopsy (X), Inspection	, Inquiry , and in n	my opinion
AH CHICAN		death resulted from: Natur	al cours , Accident , Sui	cide . Homicide . L	Undetermined monner	
ANITE		(1)	- N. W.			
H. W.		SIGNATURE WELLO	ute the knill	Assistant		PATE 8-17481
2 H R R R R R R R R R R R R R R R R R R		/		M.D.	MEDICAL EXAMINER SI	IGNED
SE S	4	EXAMINER'S NAME Marga	540 A 75 33 34 5			
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. VAGE 4 SHOULD BE FORW. TO FUNERL DIRECTOR: PAFTER DEATH, WITH THE STANDAR, MARYLAND, 2	11.0		ita A. Korell M D	ADDRESS	enn Street	
- HUGH 40	730.8	URIAL CREMATION REMOVAL T	16 DATE 231 NAME OF CEN	ETERY OR CREMATORY	SE LOCATION	COUNTY A ALA
BP		Durial	8/21/8/ DUCKING	ham Cemi	Derlin W	or dild.
DHMH-17	24. F	UNERAL DIRECTOR	A someth	256 DATE REC	D. BY REGISTRAR 256 REGISTRA	RESENATURES CA
(VR A15 ME (5))	10	Anna A-13 4	way of a Box	in Md AUG	12 9 1981 Manu	SU STATE OF THE ST
15M 2/80				The same		

1111 In (I.) CON TRUE DEGLACE TO DA HIGHER ASSESSED was start and the start of the THE THE PARTY AND THE PARTY AND THE PARTY AND THE

STATE OF MARYLAND



	1-	FOR • STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH		4	2 0	40
	1 DE	CEASED NAME FIRST	WIDDIE	1	AST	REG. N	O. MONTH DAY	YEAR	2b. HOUR
		DORCAS		JARM	I A AI	THE DAIL OF DEATH	8 14	81	
16	3. SE		. 110	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDERTYEAR	2:00P M
	3. SE		4 RACE	MONTH 2				NIHS DAYS	HOURS MIN.
)		FEMALE	WHITE	2	26 98	83	YRS.		
E		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIEI	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	ORCES		MD.
0	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		V-1	12a. USUAL OCCUPAT	ION		F BUSINESS OR
70		BERLIN	BERLIN NURSIN		ME	CLERK	DE WORKING LIFE)	Phar	macy
36	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	13c. CITY OR TOWN	4	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	R AVE	NIIF	
-		D I WURL	COLEKT DEKLIN		15 MOTHER'S MAIDEN NA			102	
30	100	Harry	- Baby	no	Carrie	WIDDIE		Tori	oin
1			MED FORCES? 16b SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	ESS	0	
1		YES, NO OKO (KNOWN) (IF YES, GIV	220-26-	8124	Mrs Nadine Ja	2 man 1071	Eday Av	e Ber	in Ma.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per line for (a), (b), and	(c).)	. 1-			BETWEEN	ONSET AND DEATH
			E CAUSE (0) Call	ae (Essert.				
		4029	DUE TO, OR AS A CONSEQUE	NCE OF				1969	
		Conditions, if any, which	(16) North	Luc	MIL C. V. V				
3		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
		underlying cause last.	(c)						
	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVEN	IN PART 1	a
0	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V		
7	Ĕ					YES T NOT	IN CERTIFYII	NG CAUSES	OF DEATH?
10	18	71a. ACCIDENT WAS UNDERLYING		- 12	21c. HOW INJURY OCCUR	0 -0		I OR PART 2)	
7	AL O	OR CONTRIBUTING CAUSE OF DEA							
1	U	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION				
	MEDI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TO	NWO	COUNTY	STATE
			tal) attended the deceased from		, 19	, ta	, 19		that (I) (we) lost
		saw the deceased alive on above, (I) (we) (did) (did no	1) view the hady after death	, or	d that in (my) (our) opinion	death occurred on the d	ate and haur a	nd from the	causes stated
		226. SIGNATURE	/		DEGREE	13.11 1 1 C	PURE	22c. DATE	SIGNED
	-	Atrousi	1 Conven	7	ATTENDING PHYSICIAN	MEDICAL STA		0.00	
1		224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e. ADDRESS				
1									
	23a. E	BURIAL, CREMATION, REMOVAL	IDB. DATE 23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
		(SPECIFY) Burial	8/18/91 Fu	erav	en Emetery	BOY IN	Was	TATA	L M
	24. FL	UNERAL DIRECTOR	1/1/1/	9.		E REC'D. BY REGISTRAR	75h REGISTR	P'S SIGNA	AURE_
	1	I NAME IN.	Julas ADDRES R	220/11	a Md AIII	C 9 5 1001	Chance C	mill	aschen
	-	4		- Y - / V			A STATE OF THE PARTY OF THE PAR	<i>A</i>	

STATE OF MARYLAND

The state of the s History and the party of the second Manufest which the solve Labora Manufest Comment of the Manufest Comment of th - Haran Carlos Carron and the fill of The second of th

9		Item 7a g558 8/26/81 gj STATE OF MARYLAND	7 7 7
-	1-	DEPARTMENT OF HEALTH AND MENTAL HYGIENS STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTIKAR REGISTIKAR	2 3 4 /
		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 25 HOUR
Was Zi	(10)	George Zeno Latchum DEATH MATED 0 8	13 1981 5,25A
48 See /	1 SE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 24. DATE MONTH DAY YEAR 1. AGE (IN YEARS 18 UNDER 1 YR IF UNDER 24 HRS. 24. DATE MONTH DAY YEARS 18 UNDER 1 YR IF UNDER 24 HRS. 24. DATE	DAY YEAR 2d HOUR
2058	1	ale Caucasian 12 18 1911 69 YRS. DEAD 8	13 ,81 5:25 A
持 權之	1	INTERPRETATION OF WHAT COUNTRY?	1
HAON	10.0	WIDOWED DIVORCED VOICES	126. KIND OF BUSINESS
200		Berlin 103 Pitts St.	Construction
7 C 9805	SU.	AL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE A 1 136. CQUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS)	100
SHOULD SHOULD		MId Worcester Derlin YES X NO 103 Pitts St.	
25)21	Ties.	ATHER'S NAME 15. MOTHER'S MAIDEN NAME MODLE AST MODLE	LAST
0 -	line.	MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS THE POST UNINDOWN) 1 FYES GIVE WAN OR DATES).	lingie
WITH FOR PAGES 1 DIVISION O		Ves W.W. II 212-18-6864 Mrs Myrtle Latchum Be	rlin. Md.
0		PART I DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PERMIT		IMMEDIATE CAUSE (o) OP AS A CONSEQUENCE OF	15MINUIS
A F F A		Conditions, it any, which	
5 th 00	١.	gave rise to immediate cause (a) stating the under-lying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF	
8 0 Z		(c) ADCVD	
ATION,	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
L CREMATI	CERTIFICATION	190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
1 4	I		YES NO .
DR TO BURIAL		216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR F	ART 2)
OR TO	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21d PLACE OF INJURY (ATHOME 21) LOCATION	
E .	M.		OUNTY STATE
21201 21201		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my a	
WITH THE ARYLAND.		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	, p
		ACTUAL TITLE (SPECIFY)	12/5/5/
H. W.	1	SIGNATURE MEDICAL EXAMINER SIGN	
FUNERAL ER DEATH TIMORE, M	+	EXAMINER'S NAME TIMOTHY E. BAINUM DDRESS, 16th & Phil H delphia	Ave Oceansity
AFTER BALTIN	23a.B	SURIAL CREMATION REMOVAL 1236, DATE . 1237, NAME OF CEMETERY OR CREMATORY 1236, LOCATION	UNITY_L STATE A
		Duria 8/7/81 Riverside Cemetery Derlin Word	es/ew /VId.
E(5))		My Berlin Md. 19 1981 Rune	Mar Maria

3

Male Caucasian 12 18 1911 69
V.S.A. X

Berlin 103 Pitts St &:

Md Worcester Berlin X 11

William H, Latchum Mary

S W.W.II 212-18-6864 Mrs Myrtled

CARDIAC Arro Myocardial in

ASCUD

CVA

1st ugge

A PARALLY LE WILLIAM WAR. A Philips and the second of the

Burgar 1 Bry WELL Wierender waren Berlin

Backlinghill

1. 10		OR	DEP		F MARYLAND	HYGIENE	22	3 4 8
	1-	STATE REGISTRAR			S CERTIFICATE	OF DEATH	G. NO.	
Y. HOLD		CASED NAME Peri	MIDE FINE	Sh	nckless	20. DATE KNOW OF ESTI DEATH MATE		7 19 81 7 M
ARY, PLEA L DIRECTS LOVE FILE NOTZ HOU	1. SEX	So White	ATE OF BIRTH		FUNDER 1 YR IF UNDER	R 24 HRS. 24. DATE PRONOUNCED DEAD	8-27	SAY YEAR 2d HOUR
NECESSARY FUNERAL DIS 5, WITHIN 72 W. PRESTON	Pi Bi	THEFACE ISSAIR OR	76 CITIZEN OF WHAT C	OUNTRY? 8 N	ARRIED NEVER MAR		TY OR COUNTY OF	OF DEATH
SHEED SHEED	10 6	OWN OF DEATH	11. NAME OF HOSPITAL (IF NOTE: SUCH FACILITY,			12a USUAL OCCUPATION	Y (TYPE OF WORK 12b	OR INDUSTRY
MA TAIN	USUA	L RESIDENCE (IF IN NURSING HOME OF	ROTHER INSTITUTION, GIVE RESI	DENCE BEFORE ADMISSION) CITY OR TOWN	/ 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	rmer II	ruck Form
	170	rypad Word	ester	Snow Hill	YES NO		6 1	
ORE, M DEATH AGES 1. AND 3. AND 3. AND 3.	2	AS DECEASED EVER IN U.S. ARM	Sh.	ockley	FIRST C	lara	Hollow	24
BALTIMORE, S AFIER DEA GIVE PAGES TITH FORM P PAGES 1 AN		NOWN) (IF YES, GIVE V	VAR OR DATES)	15362178	Elizabe	th E. Shock	ley Snow	wHill Mel.
ION ST., BA TEM 18. GI TIEM 18. GI LONG WITH PERMIT. PA GIENE, DIVI		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	BY:	and the same of	MONBRY	EDEMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
WO HEN ES		Conditions, if any, which gave rise to immediate		CONSEQUENCE OF	LURE			Sev. Jaxs
201 W. PR UTED WITH EXAMINER IN PENCIL SIAL-TRAN OMENTAL ON, OR RE		couse (a) stating the <u>under-</u> lying couse last.	DUE TO, OR AS A	CONSEQUENCE OF				
CORDS, 2011 BE EXECUTED NDING" IN PR EDICAL EXAN AS A BURIAL- LITH AND MEI REMATION, C	Z.	PART 2 OTHER SIGNIFICANT CONDITIONS C	1			PART 1 (a)		
PEN	CERTIFICATION	19a. DATE OF OPERATION		FOR WHICH OPERATION			1	20 AUTOPSY?
SHOULD SHOULD ORD "PE CHIEF A E USED A T OF HEA	1 1						6-10	YES NO NO
CRTIFICATE SHOOM OF VITAN CRATIFICATE SHOOM FED TO THE CHIE SED TO THE CHIE DEPARTMENT OF PRIOR TO BURIA		216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJU HOUR A.M. MC		IC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN)	TEM 18 PART 1 OR PART 2)	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECTENCED THE CERTIFICATE, WRITING THE WORD," FENDING," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL SHOULD BE FORWARDED TO FIRE MEDICALLY AND METHOR TO BEPARTMENT OF HEALTH AND BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATIC	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN STREET, FACTORY, F	JURY (ATHOME, 2	I. LOCATION STREET	CITY OR TOWN	COUNTY	Y STATE
WNER: 17 FICATE, F FORW TOR: P.		22a. I certify that I took charge		d above, held an A	utopsy , Inspect	Inquiry ,	and in my opinio	n
L EXAMILE CERTIFICATION OF WITH WITH WITH WITH WITH WITH WITH WITH		ACTUAL 1-#	1. 1. 18.	est!	TITLE (SPECIFY)		DATE	8-28-51
AEDICA CUTE TH E A SH(CUNERA R R DEAT		SIGNATURE SIGNATURE EXAMINER'S NAME OFFO	TAY G H	LZWOKTH	ADDRESS 50	MEDICAL EXAMINER	SIGNED.	Vin Ma
TO MED EXECUT PAGE 4 TO FUN AFTER D BALTIME	23a.B	IRIAL, CREMATION, REMOVAL 2		23c. NAME OF CEMETE	ADDRESS	23d, LOCATION CILY OR TOWN	/ // ASOUNTY	STATE
BP	24. F	JNERAL DIRECTOR	7-30-01	53765	761M- 250. DAT	E REC'D. BY REGISTRAR 25h		
DHMH - 17 (VR A15 ME (5)) 15M 2/80	1	Orman F. De	nnis, Sno	w Hill,	4d. S	13 1901 K	rance Ja	Marcy.

Laurant Taylor May the sale of th Same Hill I TT 2 - IN 49 - Relien's vanc that i'm they found successful growth that we had not Major E. Shorther - Clara Makage 11 - The State of the State of

STATE OF MARYLAND

the second secon the second was the first of the second secon and the same of th The second secon CA ESTREAM TO THE THE PARTY OF the party and the second of th and the second of the second o The same of the sa A P. 1887 I STORY CONTROL THEY THAT WE WIND THE TENT IN

1 - ST/					F HEALTH	ARYLAND AND MENTAL H ERTIFICATE C	YGIENE OF DEATH	2 REG. NO	2	3 5	0
1. DECEA	ASED NAME R PRINT)	EDW!	PRD LEI	ROY	J	WEAD	2a. DA OI DEA	E KNOWN TO		DAY YEAR 15 8/	26 HOUR
3. SEX	MAKE .	BLACK	5. DATE OF BIRTH			DER 1 YR. IF UNDER	MIN. PRONC	DUNCED AD	MONTH 8	15 19 81	1000
SEA		DEL.	76. CITIZEN OF WHA		WIDOW		ED 🔯		ORCE	ESTER	M
	OR TOWN OF			ITAL, NURSING HOA LITY, GIVE STREET ADDRESS		er institution	12a USUAL OC FOR MOST OF			or indust	ISINESS RY
USUAL R	RESIDENCE (IF	138. COUNTY SUSSI	Y	RESIDENCE BEFORE ADMIS 130. CITY OR TOWN LAUREL	(SION)	136 INSIDE CITY LIMITS? YES NO 🗴	13. STREET AD ROUTE				
JA	HER'S NAME MES		E.	SNEAD		15. MOTHER'S MAIDI ELSTE	EN NAME	MIDDLE	CR	RUMP	
(YES, 1	S DECEASED E NO, OR UNKNOW!		ED FORCES? AR OR DATES)	221-54-6		JAMES E.	SNEAD S	ADDRESS SAME AS		-	
	Conditions, gave rise cause (a) st lying cause		DUE TO, OR A	S A CONSEQUENCE MOTOR S A CONSEQUENCE JI NOT RELATED TO THE TE	E OF E OF	ON LIST	JON E	CAR	5	IMMEDI	ate
TIFIC	90. DATE OF O	DPERATION	19b. CONDITIO	ON FOR WHICH OPE	ERATION W	AS PERFORMED?			-	20 AUTOPSY	? NO [V
- H		CATICE WAS	11h THAT OF	IN THE IDA	Tat. 110	NA PLUMPY OF STREET				YES 🗌	INO LA
MEDICAL	INDERLYING CONTRIBUTING Id. INJURY OC WHILE AT WORK	NOT WHILE AT WORK	ZIE PLACE OI STREET, FACTO	MONTH DAY YEA	AR 87 H2 211. LOG 5	CATION	LE COL	T Serena Live	PART T OR PART COUNTY COUNTY	ON E A	STATE
WEDICAL V.V.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A	NDERLYING CONTRIBUTING IG. INJURY OF WHILE AT WORK 22a I certify death resulted ICTUAL IGNATURE XAMINER'S N. TYPE OR PRINT	COURRED NOT WHILE AT WORK that I took charge from: Naturo	of the remains descrit couses ,	MONTH DAY YE, 15 19 FINJURY (ATHOME, RY, FARM, ETC.) Tibed above, held on	Autops Suicide	SY Inspection, Homicide TITLE (SPECIFY) D DEPUTY	CITY O	R TOWN Or Manual Control Cont	EAD	NITY S-16-2 HHLL	STATE ME

E 15 11 100 MULTIPLE MITERINER INJURYES INVENTE Alexander of the Colored Comment 10 C F N IT HIS SURVEY STREET, HE TO BE SHEET HOUSE ON IT HOUSE A BENEFIT Lindy Character sound Souther to the work in a top sugar or their than the TOTAL THE STATE OF SUP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-Joseph Henry Vogt DEATH MATED 52 8 181 SEX 4 RACE DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED Male 10 81 Cau DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH J. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Md Worcester Co. WIDOWED DIVORCED X IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Nest Camping Lot H-11 OR INDUSTRY Food Services Berlin Manager SUAL RESIDENCE HEINTHER OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Glen Burnie Md. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Arundel 7625 Beaver Rd. NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Frederick Vogt Frances Beebe 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) 212-07-4972 Cheryl Vogt Same as 13e CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Myocardial failure Immediate IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which ASHD Sev. yrs. gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? BUR YES NO DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 9 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f LOCATION PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFFER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) DATE SIGNED 8-19-81 Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAMEDOTO thy C. Holzworth, M.D. ADDRESS Show 21863 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 8/22/81 Holy Cross Cemetery Ma Burial Brooklyn Pk BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR THE REGISTRAR'S SECTION TURE **DHMH-17** ADDRESS George J Gonce Balto, Md. 21225 (VR A15 ME (5) 15M 2/80

The state of the s Contained to the contai tively to the second of the se El SELS TO THE MEDIS . - It I HE WAS IN A WATER

7 1		STATE OF MARYLAND	
		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 2 2	3 3 2
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1.1	DECEASED-NAME First Middle Lost 20. DATE KNOWN√ Month	Dov Yeor 2b. HOUR
M3.		(Type or Print) ROBERT MARTIN WELCH OF ESTI- DEATH MATED AUG	- 11:45
Pages 1, orm PM3.	3	SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS 25, DATE PRONOUNCED DEAD	2d HOUR
Give Pages Itt form PA Repartment	m	ale white Mar. 24, 1911 70 YRS. MONTHS DAYS HOURS MIN Month Doy Aus	F. F 1981 MLANICE
		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	7.3
00 × 40	coq	Virginia USA WIDOWED DIVORCED Worcester	Md
21/2 11	10.	CIT OK TOWN OF DEATH IT. NAME OF HOSPITAL OK INSTITUTION (II HOT IN HOSPITAL OCCUPATION (KING OF WORK GORE	12b. KIND OF BUSINESS OR
1 1 2 2		Stockton give street oddress Route #1 during most of working life, even if retired farmer	INDUSTRY
7 N 0 0 0	130	D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
£44 - p)F		odmission) Maryland 13b. (00 Worcester Stockton YES - NO x Route #1	
0 6 40 - 40	114.	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
Exor Till	71	Robert Welch Irene Estelle	e Headley
BALTIM executed pending " dical Exam pages 1			4
re bedin bed	n	o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) (Yes, no, or unknown) (Yes, no, or unknown) (If yes give wor or dates of service) (Yes, no, or unknown)	Md. 21864
TREET, Id be word ef Med File		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:	APPROXIMATE INTURVAL BETWEEN ONSET AND DEATH
S hour hour he v		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O)	IMMEDIATE
the per in o		4100 DUE TO, OR AS A CONSEQUENCE OF	
W. PRES certifications writing ded to to the contractions of the conditions of the c		Conditions, if ony, which gove (b) ASHD	SEV, YEARS
ed we ed al. ol.		rise to immediate couse (a), a stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
301 W. i This certi certificate, v arwarded burial-tra remaval,		lost.	
301 The farw bu		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
S. he co	12		
ORDS AMINE the th Id by Id by	ATIO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
L RECORDS, 3 L EXAMINER: execute the ce should be for used as a	/ 를	WAS PERFORMED?	YES NO NO
CAI CAI ISE e 4 s 4 s 6 d	MEDICAL CERTIFICATION	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It	em 18.)
) \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
OF VI TY MED ary, plea r. Page Jr files. shauld to bufid	ME		County Stote
ISION OF DEPUTY necessary, director. P director. P oor your f 3 sho prior to 1		WHILE NOT WHILE of foctory, office building, etc.) AT WORK AT WORK	
DIVISION TO DEPUT is necesso il director. Il director. Poge 3 s		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	ond in my opinian
>0 .0400		death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	
DIV TO delay is funeral a funeral a froined fr		CHIEF MEDICAL EXAMINER	
		SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED
If any a the f be re f DIREC		DEPUTY MEDICAL EXAMINER A	4 81
to t	1	EXAMINER'S DOROTHY C. HOLZWORTH ADDRESS (Street, city, town, or county) SNOW 44.	
after death. If 2, and 3 to Page 5 may TO FUNERAL Health and M	23	BO. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	(County) (Stote)
an an alth		Burial 8/5/81 First Baptist Cem. Pocomake Wo	
# 7 B 2 P 4	24	FUNERAL DIRECTOR ADDRESS ADDRESS APPROPRIATE	
DHMH-17 1/71 10 (VR A15ME (5))	MIC	Sert S Melen Pocomoke City, Md. DATE	Altra diprogra
	0		

The state of the s efective of the same of the sa AND SOME STREET, STREE THE STATE OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINTI Trace A AGE TIN YEARS LAST BIRTHDAYL IF UNDER LYEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [15. MOTHER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. Conditions, if any, which gove rise to immediate couse (a), stoting the SEQUENCE IN MOSE OF LOWER THORPECIC underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO'N YES T NO [] 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDICAL EXAMINER P.M. 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) oftended the deceased from sow the deceased alive an , and that in (my) (pinion death occurred an the date ond hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF should be det with the State IMPORTANT: PHYSICIAN 22d. THE LAN'S NAME (TYPE OF PRINT) 22e ADDRESS Robert C. LaMar, M. D. 104 Bay Street, Snow Hill, Md. 21863 23b. DATE DHMH-16 30M 2/80 (VRA 15, 4)

102 N. 19 Wans Marie 4 1987 1216 Tenne 1 1/11/2 5-11-63 27 - 11-15 May word 454 - Meritaker SHOW HILL HOLVESON HOUSE WHATEWIFE PLANTED May and Winterly Surveyill - Late In methic St. Connect C. Marie St. 1 Page Le a Harris INTERPORTED STEET LEAVE FOR THE BOTH MORE MAINTENANT diamonte Demis Same interide